

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|------------------|-------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | BZ | 12/10 SC3-283 | 10/10 10-25-01 |
| RESPONSE FORMALITY REVIEW | cc | 1080 | 8/19-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY

10/19
 58
 12/20/02